

FAA CERTIFICATION AID – SSRI Recertification

(Updated 5/25/2016)

The following information is to assist your treating physician/ provider who may be unfamiliar with FAA medical certification requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on an airman medical certificate. You should strongly consider taking a **copy to each evaluator so they understand what specific information is needed in their report to the FAA**. If each item is not addressed by the corresponding provider there may be a **delay** in the processing of your medical certification until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

REPORT FROM	REQUIRED INTERVAL	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI Recertification)
HIMS AME	Every 6 months or per Authorization Letter for all classes	<ol style="list-style-type: none"> 1. Must be a face-to-face, in person evaluation every 6 months. 2. Summarize findings from additional interim evaluations that were performed by any other venue (phone/ video/ email), either at the AME's discretion or as required by the Authorization Letter (every 1-3 months). 3. Summarize your aeromedical impression and evaluation as a HIMS AME based on the face-to-face evaluation AND review of the supporting documents. 4. If you do not agree with the supporting documents, or if you have additional concerns not noted in the documentation, please discuss your observations or concerns. 5. State if the airman meets all the requirements of the Authorization Letter or describe why they do not. 6. Review and comment if there has been any change in the dose or type of medication stated in the Authorization Letter. 7. Do you recommendation continued Special Issuance in this airman? 8. Agreement to continue to serve as the airman's HIMS AME and follow this airman per FAA policy. 9. Agreement to immediately notify the FAA (at 405-954-4821) of any change in condition, deterioration in psychiatric status or stability, if the medication dosage has changed, or there is a plan to reduce or discontinue any medication. 10. Using the HIMS AME Checklist –SSRI Recertification, comment on any items that fall into the shaded category. 11. Submit the SSRI check list, your HIMS AME written report, and all required supporting documentation that you reviewed with your package.
PSYCHIATRIST INTERIM HISTORY REPORT (or treating physician as noted in the Authorization letter) If the prescribing physician is not a psychiatrist, items #2-7 must be submitted from the prescribing physician IN ADDITION TO the psychiatrist report.	Every 6 months or per Authorization Letter	<ol style="list-style-type: none"> 1. Summarize clinical findings and status of how the airman is doing. 2. Have there been any new symptoms or hospitalizations? 3. Did a change in dose or medication occur or is one recommended or anticipated? 4. Have there been any clinical concerns or changes in treatment plan? 5. Has the clinical diagnosis changed? 6. Agreement to immediately notify the FAA (at 405-954-4821) or AME if there are any changes in the airman's condition, dosage, change in medication or if the medication is stopped. 7. Interval treatment records such as clinic or hospital notes should also be submitted.

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REPORT FROM	REQUIRED INTERVAL	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI Recertification)
CLINICAL PSYCHOLOGIST OR NEUROPSYCHOLOGIST _CogScreen Results (or neurocognitive testing as required per the Authorization Letter) AND Neurocognitive evaluation	1 st and 2 nd class: Every 12 months or per Authorization Letter 3 rd class: Every 24 months or per Authorization Letter	CogScreen information results that must be addressed in the narrative: 1. Specify the norm used: <ul style="list-style-type: none"> Major Carrier (age-corrected); or Regional Carrier (NOT age-corrected) [also acceptable for GA pilots]; or GA Pilot Norms (age-corrected) 2. Specify Session Number administered (listed on Page 1 and Page 2 of printout). Session 1 for initial test <i>only</i> ; retests should be Session 2 or incrementally higher. Clinical report MUST specifically comment on the following CogScreen items. If they have changed or are not normal, the narrative must discuss these findings and if they are of any clinical or aeromedical concern: <ol style="list-style-type: none"> Any increase in LRPV (page 4) Taylor Factor scores (page 5) Base Rate for Speed, Accuracy, or Process (page 4) The psychologist or neuropsychologist report should also specifically mention: <ol style="list-style-type: none"> The overall neurocognitive status of the airman. Any adverse neurocognitive findings or a decline in condition. If additional focused neuropsych testing is/was required or recommended. If any additional testing was performed, the report must explain why the testing was performed, the results, and how that fits into the airman's overall neurocognitive status. Any other concerns or absence of concerns. Agreement to immediately notify the FAA (at 405-954-4821) or AME if there are any changes or deterioration in the psychological status or stability in the airman's condition. Submit the entire CogScreen report (approximately 13 pages) and any additional testing (if performed).
CHIEF PILOT OR AIRLINE MANAGEMENT DESIGNEE If the airman is 1 st or 2 nd class and employed by an air carrier	1 st and 2 nd class: Every 3 months (bring cumulative reports to AME evaluation every 6 months.) 3 rd class: Not applicable	Report must address: <ol style="list-style-type: none"> The airman's performance and competence. Crew interaction. Mood (if available). Presence or absence of any other concerns.
ADDITIONAL PROVIDERS Additional reports for SSRI or any other condition noted in Authorization Letter	Every 6 months or per Authorization Letter	Varies. See the airman's Authorization Letter. Include any drug testing results, therapist follow up reports, social worker reports, etc. If the prescribing physician is NOT a psychiatrist, reports from the prescribing physician and their clinic office notes must be submitted in addition to the required psychiatric evaluations (see above). If the airman has other non-SSRI conditions that require a special issuance, those reports should also be submitted according to the Authorization Letter.